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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

226/132

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,850,600, granted 12/15/98, and for which a reissue patent is sought on the invention entitled Three Cell Wireless Communication System

the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_ / \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

- ☐ by reason of a defective specification or drawing.
- ☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.
- ☐ by reason of other errors.

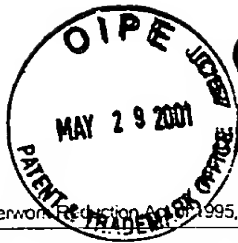
At least one error upon which reissue is based is described as follows:

The attorney failed to appreciate the full scope of the invention and unduly restricted the invention by requiring that base stations in adjacent cells must each be assigned different frequencies for communication, and that user stations within adjacent cells have to also be assigned different frequencies for communication. The possibility of this error was first discovered after payment of the issue fee, but the attorney did not fully appreciate the proper scope of the invention until after conducting an investigation which was not completed until after the patent issued.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Express Mail #EL524788042US  
Docket No. 226/132  
June 14, 2000



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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)  
226/132

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number  
Steven D. Hemminger 30,755

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar  
Code Label Here

PATENT TRADEMARK OFFICE

<input type="checkbox"/> Firm or Individual Name	Lyon & Lyon LLP				
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Country	U.S.A.				
Telephone	(408) 993-1555	Fax	(408) 287-2664		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Robert C. Dixon

Inventor's signature

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Full name of second joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Post Office Address

☐ Additional joint inventors are named on separately numbered sheets attached hereto.

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